DOCUMENT RESUME

ED 046 149 EC 031 025

AUTHOR McKinnon, Rachel; And Others
TITLE A Follow-up Study of Graduates from a Vocational Rehabilitation Program in a Residential Training Center for the Mentally Retarded.
INSTITUTION California State Dept. of Rehabilitation, Sacramento.
PUB DATE Aug 70
NOTE 47p.

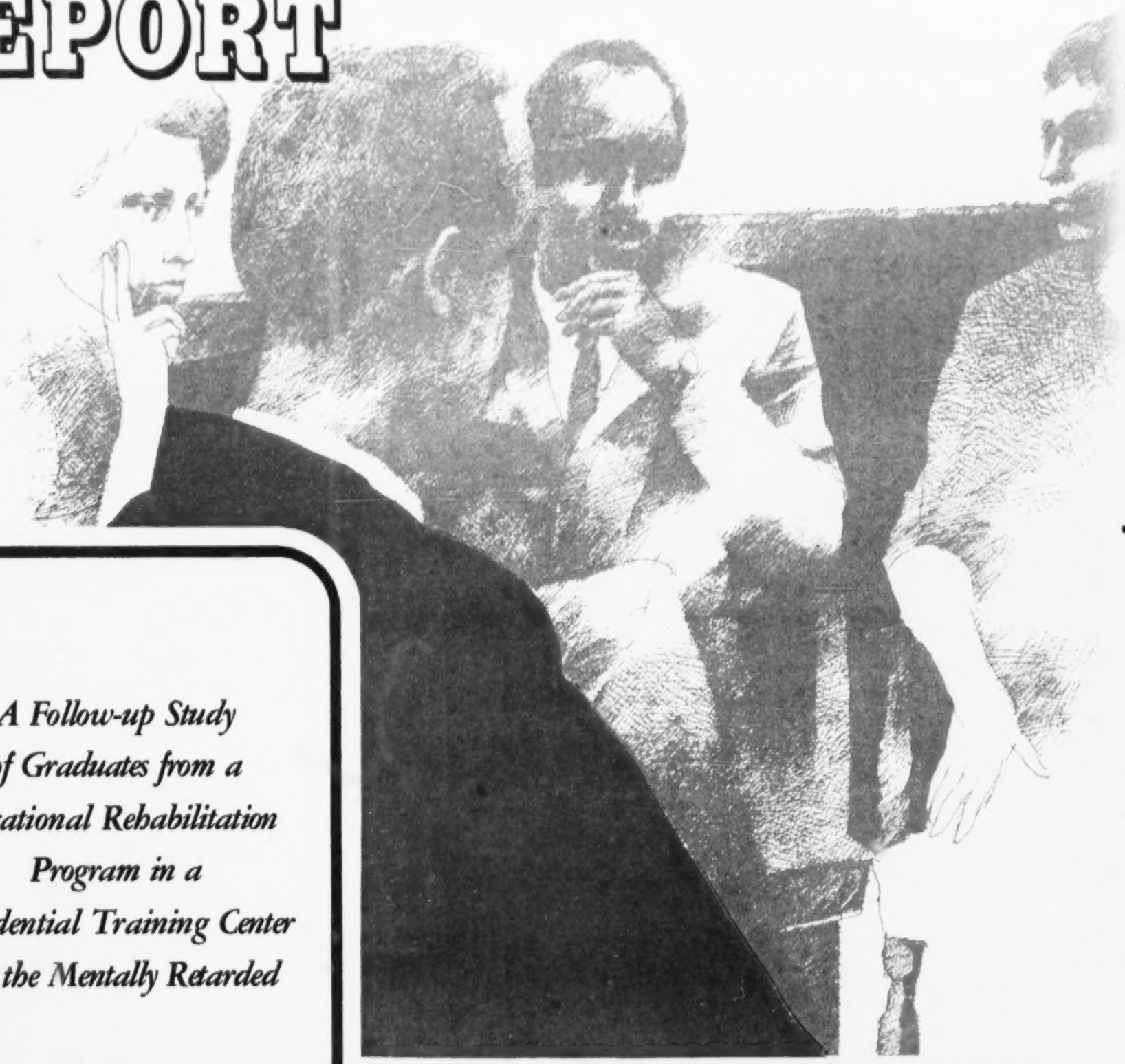
EDRS PRICE EDRS Price MF-$0.65 HC-$3.29
DESCRIPTORS *Exceptional Child Research, *Followup Studies, Graduate Surveys, Institutionalized (Persons), *Mentally Handicapped, Parent Attitudes, *Residential Programs, Student Attitudes, *Vocational Rehabilitation

ABSTRACT

A follow up study of graduates from a vocational rehabilitation program, in a residential training center for the mentally handicapped, was conducted. Characteristics of the students, economic benefits, changes in level of functioning, need for additional services, student attitudes toward the in-hospital program, and parental attitudes toward the rehabilitation program were reviewed. The follow up study was felt to point out the need for further services such as a resource person available to employers to enhance understanding, more training in utilization of leisure time and orientation to the community. (CD)

REHABILITATION PROGRAM REPORT

ED046149



A Follow-up Study of Graduates from a Vocational Rehabilitation Program in a Residential Training Center for the Mentally Retarded

EC 031 025

FSS 70–8–9
August 21, 1970

California State Department of Rehabilitation

Robert E. Howard, Director

ED046149

EC031025

A Follow-up Study of Graduates from a Vocational Rehabilitation Program in a Residential Training Center for the Mentally Retarded

Rachel McKinnon
Rehabilitation Counselor

Michael Savino
Research Analyst

Doris Linden
Rehabilitation Supervisor

Elvin Fowler
Asst. Regional Administrator

August 21, 1970

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

California State Department of Rehabilitation
Robert E. Howard, Director

TABLE OF CONTENTS

Section		Page
	Highlights	iii
I.	Introduction	1
II.	Why a Follow-up Study?	2
III.	Methodology	3
IV.	Characteristics of the Students in the Follow-up Study	5
V.	Economic Benefits	7
VI.	Changes in Level of Functioning	7
VII.	Need for Additional Services	10
VIII.	"Very Important Person" and Adjustment to Community Living	12
IX.	Size and Composition of Living Unit	12
X.	Availability of Recreational and/or Social Opportunities	14
XI.	Student Attitudes Toward In-Hospital Program	15
XII.	Need for Predictors of Success or Failure	17
XIII.	Parental Attitudes Toward Agnews Rehabilitation Program	17
XIV.	Conclusions and Considerations	20

APPENDIX

TABLE OF CONTENTS

Section		Page
I.	Admission Criteria and Procedure.	A1
II.	Specific Roles of Team Members.	A2
III.	Synopsis of Training Available in the Program	A4
IV.	Questionnaires:	
	a. Client Questionnaire.	A7
	b. Employment Questionnaire.	A9
	c. Questionnaire for Place of Residence. .	A11
	d. Questionnaire Mailed to Parents	A13
V.	Description of Sample and County of Residence	A15
VI.	Level of Functioning.	A16
VII.	Classification of Community Residence	A17
VIII.	Recreation and Social Activities.	A18
IX.	Student Program Preferences	A19

HIGHLIGHTS

-*- Almost half of the 136 persons who completed the program were judged to be vocationally rehabilitated at the time that Department of Rehabilitation services were discontinued.

-*- At time of follow-up seventy-five percent of those rehabilitated were still employed.

-*- Wages averaged $1.08 per hour with a range of 17¢ to $2.10.

-*- Individuals vocationally rehabilitated had spent an average of 2.3 years in the program.

-*- Individuals vocationally rehabilitated had previously spent an average of 18 years in institutions for the mentally retarded.

-*- By vocationally rehabilitating and placing in the community sixty-seven adult retarded men and women, the program has brought to a close an aggregate of 1,206 man-years of institutionalization.

-*- The estimated yearly net economic benefit to the state of vocational rehabilitating these men and women was $250,000.00.

-*- Individuals vocationally rehabilitated averaged 41 years of age.

-*- Individuals not vocationally rehabilitated averaged 36 years of age.

-*- The average IQ of those rehabilitated was 46.

-*- The average IQ of those not vocationally rehabilitated was 39.

-*- The rehabilitation success rate was higher among the men than the women.

-*- Among those not rehabilitated, women were much more likely to be residing in the community while men, who were not rehabilitated, more often were returned to the hospital.

-*- Thirty-six individuals, though not vocationally successful, did succeed in leaving the institution and now live in the community.

-*- Parents of the retarded exhibited favorable attitudes toward the program's success in assisting their son or daughter to adjust to community living.

-*- The mentally retarded who are vocationally successful are more involved in recreation and socializing than those who are not vocationally rehabilitated.

-*- The board and care home operators exhibit very positive attitudes toward mentally retarded graduates of the Agnews Program.

-*- The personal relationship established between the board and care or family care home operator and the student appears to be of prime importance in successful community adjustment.

-*- Employers of the graduates from the Agnews Program exhibit very positive attitudes toward the adequacy of their mentally retarded employees.

-*- When asked to state assets and liabilities of their retarded employees, employers twice as often mentioned assets as liabilities.

-*- The most often perceived asset of mentally retarded employees was their willingness, cooperation, and ability to follow a routine.

-*- The most often perceived liability of mentally retarded employees was their need for additional supervision when learning new tasks.

-*- Many employers expressed a need for continuing contact with a resource person to provide them and their employees professional and psychological support, probably on an "on-call" basis.

I. INTRODUCTION

The Agnews Residential Training Program evolved as a result of a Cooperative Agreement between the Department of Mental Hygiene and the Department of Rehabilitation effective June 10, 1966. This cooperative agreement was initiated by Section 700.1 of the Welfare and Institutions Code providing for the establishment of Residential Rehabilitation Centers for selected mentally retarded individuals.

The goals of the Program are:

1. "To provide an individualized program of services to help each resident student reach his maximum development.

2. To rehabilitate as many mentally retarded resident students as possible so that they may become better adjusted, productive members of the community. This would include:

   a) Competitive employment
   b) Sheltered employment in the community, and
   c) Gainful homebound work." *

Potential students for the Cooperative Vocational Training Program must meet certain admission criteria. The major criteria are: eligibility for entry to a State Hospital for the Mentally Retarded, 14 years old, and appears to have potential for vocational training. (The admission criteria are elaborated in the appendix, page A1.)

Through the combined efforts of a multi-disciplinary team an individualized learning and training situation is prescribed for each student. Rather than being labeled as "client" or "patient," the mentally retarded in this special program are referred to as "students." Students who, after completing the program, meet one of the criteria in 2 above are considered to be "vocationally rehabilitated." Those not meeting any of the criteria in 2 above are considered to be "not vocationally rehabilitated," even though they may have achieved community placement.

To help these mentally retarded persons become better adjusted, productive members of the community, unique training programs have been developed within the institutional setting. Because of the uniqueness of the program, the team members do not function in traditional roles (app. p. A2). The special programs begin within the institutional setting and continue into the community. This gives the student exposure to community living prior to his placement in a community work and living situation.

---

*Vocational Rehabilitation Program for the Mentally Retarded; A Cooperative Program between the Department of Mental Hygiene and Department of Rehabilitation at Agnews State Hospital, San Jose, California, pamphlet, printed 5/69.

Once a student has benefited from services within the hospital, the Rehabilitation Counselor may arrange training within the community. Because the population came to the Agnews Program from other State Hospitals, it has been necessary for the Rehabilitation Counselors to coordinate with community agencies for the return of the person to the county of origin. This necessitates not only coordinating programs within the local community, but also state-wide.

II. WHY A FOLLOW-UP STUDY?

The Agnews Program has attempted to demonstrate the feasibility of applying vocational rehabilitation concepts in a residential state hospital setting to severely mentally retarded adults with long histories of institutionalization. As a result of being an innovative program, returning students to counties of commitment throughout the state, and involving many agencies and workshops, the program has stimulated great interest among professionals, lay persons, parents, and others who have been involved in the rehabilitation of the retarded. The follow-up study was not designed primarily as a research study, but rather to shed light on the following operationally oriented questions proposed by the program practitioners.

1. Has the vocationally rehabilitated student (involved in work either in the home, sheltered workshop or competitively) continued to function at this level?

2. What was the level of functioning of the students?

3. Has the student who was not vocationally rehabilitated, increased his level of functioning and become involved in work to the extent that his case should be opened and closed as vocationally rehabilitated?

4. Is there any indication that the student would benefit vocationally from additional services if offered by the Department?

5. Is there any validity to the concept that a "very important person" is involved where successful adjustment to community living has been attained?

6. If so (5 above), is this person a family member, a friend, or an agency person?

7. To what extent does the size and composition of the living unit relate to "success" or "failure"?

8. To what extent does the availability of recreational and/or social opportunities affect the vocational adjustment of the client?

9. What additional training, that could have realistically been provided in the hospital setting, would have enhanced the vocational competence or social adjustment of the client?

10. Are there any factors that become available during screening or extended evaluation that seem to be good predictors of success or failure?

The follow-up study was originally proposed to answer the above questions in order to provide the Department of Rehabilitation with information concerning the vocational rehabilitation of the severely retarded. Due to limitations of time and resources the study could not obtain data related to all of the original questions. However, in the course of data gathering, certain information was uncovered which had not been anticipated in planning the study. This information is presented and discussed along with data related to the original questions.

III. METHODOLOGY

This study proposed to locate and personally interview virtually all those students living in the community who were closed as vocationally rehabilitated* or not vocationally rehabilitated from the Agnews Residential Training Program for the Mentally Retarded (app. p. A14). Additionally it sought to locate and interview the employers of those students who were employed and the board and care or family care home operator. Since it was not practical to personally interview the families of the students, a mail questionnaire was sent to those families who could be located (app. p. A13).

A. Obtaining Sample:

One of the first considerations in designing the follow-up study of students who participated in the Agnews program was establishing the sample. The sample was to have two parameters: closure category and date of closure.

Although each closure status was potentially of value to the follow-up study, time and staff limitations precluded the follow-up of all closure categories.

Therefore, only those cases closed as vocationally rehabilitated and not rehabilitated were followed. This excludes students whose cases were closed during screening and evaluation, and not accepted for the program.

To determine the dates during which closed cases would be included in the sample, it was first determined that there should be at least a six-month period between closure and follow-up. The interviewing began on March 1, 1970. No case closed after September 30, 1969 was accepted in the sample. Since the number of closures prior to July 1, 1967 was very small, this date was chosen as the beginning of the sample. Therefore, all cases closed vocationally rehabilitated and not vocationally rehabilitated from July 1, 1967 through September 30, 1969 were selected. In that time period 136 cases were closed.

---

*For a client case to be "closed rehabilitated" the client must, as a minimum,"have been determined to be suitably employed at the time of closure and for a minimum of 30 days prior to closure." (Rehabilitation Services Manual, California Department of Rehabilitation, January 1968.) Although the Department's goal is primarily to prepare people for competitive employment, cases may be closed as rehabilitated in non-competitive occupations provided that certain standards are met.

Each case closed as vocationally rehabilitated represented three interviews: the student, the parent or the operator of the place of residence, and the student's employer. Those cases closed as not vocationally rehabilitated required only two interviews since there was no employer. Therefore, the 67 cases closed as vocationally rehabilitated represented 201 interviews while the 69 cases closed as not vocationally rehabilitated represented 138 interviews. The maximum number of interviews possible were 339.

B. Structured Interview and Mail Questionnaire:

Interview questionnaires (app. p. A7-A12) were constructed for each of the three qroups of individuals to be contacted: students, employers, and place of residence. Questions to be included in the questionnaires were solicited from the professional staff at the hospital as well as outside consultants.

The mail survey sent to the families (app. p. A13) was devised to secure a very gross and general measure of the families' attitudes toward the program. Since it was known beforehand that few families were actively involved with these students, the parent questionnaire was not a highly developed instrument. A mail questionnaire was utilized since many families resided a great distance from Agnews and it was not economically feasible to interview them.

C. Other Agency Involvements:

Since this follow-up study involved interviewing students in the community who were no longer clients of the Department of Rehabilitation but were clients of other agencies, it was necessary to obtain the cooperation of these other agencies. Therefore, the State Departments of Mental Hygiene and Social Welfare were contacted prior to the study. The study would have been less productive without the cooperation of these agencies.

D. Budget:

The major costs of the project consisted of the travel budget since clients were placed in approximately 18 counties throughout the state. In many instances other agencies shared these costs by allowing their personnel to accompany the counselor-interviewer and assist her in locating the many clients, homes, and employers.

E. Project Staff:

A follow-up project team was established. This team consisted of four individuals: a representative from Research and Statistics, an assistant Regional Administrator, a Rehabilitation Supervisor from the cooperative program at Agnews, and the Counselor-Interviewer from Agnews who was to assume the major burden of the study. It was the counselor-interviewer's responsibility to personally contact and interview each of the students, their employers when indicated, and the operator of their place of residence. The parent questionnaire was sent out over the signature of the Agnews Program administrator. The project team met about every three weeks to review and direct the study.

F. Pilot Study:

A pilot study was conducted to test the questionnaires and interviewing technique. Six students and their associated employers and residences were contacted. On the basis of these experiences modifications were made in the questionnaires.

G. Hypotheses to be Considered:

When the study was originally proposed, various questions were considered. The general method of obtaining information which could help answer these questions was to conduct the follow-up study and the interviews. Many of these questions could not necessarily be structured as testable hypotheses. Therefore, definitive answers would not be expected. The original questions posed were the basis for the questionnaires. (See Section II.)

IV. CHARACTERISTICS OF THE STUDENTS IN THE FOLLOW-UP STUDY

A. Community Status at Case Closure:

In the two and one-quarter years chosen for study, 136 students were either vocationally rehabilitated or not vocationally rehabilitated. These students were evenly distributed between these two categories. Thus, 67 students were rehabilitated while 69 were not rehabilitated (app. p. A15). Among the 69 students "not rehabilitated" approximately half (36) continued living in the community. No attempt at community placement was made with thirty-three students. They continued residing on Department of Mental Hygiene wards at Agnews. While there was about an even likelihood that students "not rehabilitated" would live either in the community or in Agnews, there was substantial differentiation according to sex.

B. Sex Differences:

The total sample (136) consisted of 90 men and 46 women. Fifty-three percent of the men and 41 percent of the women were rehabilitated. Of the 27 women not rehabilitated, 67 percent were living in the community, while among the 42 men not rehabilitated, only 43 percent were closed in the community. In summary, regarding sex differences, the rehabilitation success rate was higher among the men than the women. Among those not rehabilitated the women were much more likely to be residing in the community while the men more often remained in or are returned to the hospital. (See app. p.A15.)

C. Age:

The average chronological age at case closure of all 136 students was 38 years (app. p. 15). As a group, those rehabilitated were on the average 5 years older than those not rehabilitated. Taking the sample as a whole, the women were older than the men. Perhaps the most striking outcome is the fact that those not rehabilitated, who still reside on hospital wards, were twelve years younger, on the average, than those rehabilitated. That is, those in the hospital averaged 28.5 years of age while those rehabilitated averaged 40.5 years of age.

D. History of Institutionalization:

Before coming to the Agnews Program, the vast majority of clients were hospitalized in other state institutions for the retarded. On the average, the entire sample of 136 cases had each spent 15.9 years in other institutions for the retarded. Therefore, the entire sample represented 2,162 man-years in the hospital prior to entering the Agnews Program.

The rehabilitants averaged 18.0 years in the hospital prior to entering the Agnews Program. Therefore, by rehabilitating these 67 people, the Program brought 1,206 man-years of institutionalization to an end. At an estimated average cost per year of $4,000, this represents a cost of $4,800,000.

Those not rehabilitated had been hospitalized for shorter periods of time, on the average, than those rehabilitated. This was especially true of students whose cases were closed unsuccessfully and remained in the hospital. While the successes had spent 18 years in the hospital, non-rehabilitants living in the hospital had been institutionalized an average of 11 years prior to entering the Agnews Program.

E. Years in Agnews Program:

The entire sample had spent an average of 2.3 years in the Agnews Program prior to closure. This time varied very little from group to group, except that those not rehabilitated tended to remain in the program about half a year longer than the cases closed successfully.

F. Average I.Q.:

The average I.Q. for the entire sample of 136 cases was 42, which is low in the Moderate range.* The successes had an average I.Q. of 46, Moderate range,* while those not vocationally rehabilitated averaged an I.Q. of 39, Severe range.* Again there is a difference between those not vocationally rehabilitated who reside in the community and those in the hospital. The hospitalized cases closed not rehabilitated had a higher average I.Q. (43) than the cases not rehabilitated and living in the community (38). This difference appears to be the reverse of the expected direction. One would expect those rehabilitated to have a higher average I.Q. than those not rehabilitated, and this is so. However, one would also expect those not rehabilitated living in the community to have a higher I.Q. than those not rehabilitated living in the hospital, when in fact the relationship is reversed.

Perhaps more important than the slight differences in I.Q. between various closure groups is the fact that this description of the sample clearly illustrates the severity of the handicap with which the program was attempting to work.

*According to AAMD Classification

G. Race:

Only four percent (five cases) of the entire sample were black. Four of these five cases were successfully rehabilitated. There were five mentally retarded of other races. Three of this group were successfully rehabilitated.

V. ECONOMIC BENEFITS OF THE AGNEWS COOPERATIVE RESIDENTIAL TRAINING FACILITY

Of the 67 rehabilitated, 63 were contacted during the follow-up study. If these 63 students were still in the institution, the cost to the State of maintaining them as a group for a full year would be $369,684. (The average cost of maintenance per month per mentally retarded patient is $489.00.) Considering the pattern of chronic institutionalization it is reasonable to assume that without intervention, most would have continued this pattern. This $370,000, however, is not the yearly economic saving to the State. A closer approximation of the actual savings should consider additional cost factors.

Many of these students are receiving some form of welfare monies. Sixty-nine percent, that is 48, are receiving Aid to the Disabled. Some are receiving Social Security benefits and some are receiving other types of welfare benefits such as Veteran's Administration payments. Although 31 percent are not receiving Aid to the Disabled, the average total welfare cost (ATD plus Social Security plus other) per student per year equals $1,908. This is a total yearly cost of $120,204. Subtracting this welfare cost from the gross savings per year of $369,684 yields a net economic benefit to the State of $249,480. Therefore, every year that these 63 individuals maintain themselves in the community, even with partial welfare benefits, they are saving the State approximately one-quarter million dollars.

VI. HAS THE VOCATIONALLY REHABILITATED STUDENT CONTINUED TO FUNCTION AT THIS LEVEL?

A. 75% Still Working:

The first question the follow-up study sought to answer was "Has the vocationally rehabilitated student (involved in work, either in the home, sheltered workshop, or competitively) continued to function at this level?" Sixty-three of the 67 rehabilitants were contacted during the follow-up study. Among the 19 women, 18 were contacted; 11, that is 61%, were continuing to work. Among the 48 men closed as rehabilitated, 45 were contacted and of these 36, or 80%, were working.

Combining the men and the women, it is found that 75% of the rehabilitants closed from six months to three years previously were still working at the time of the follow-up study.

B. Wages Average $1.08:

Not all rehabilitants were engaged in competitive employment at the time of the follow-up study. Some were in sheltered workshops and some were unpaid family workers. Among sixteen male rehabilitants who were receiving an hourly wage, their average wage was $1.08. This varied from a low of 17¢ in a sheltered workshop to a high of $2.10 in a laundry.

Most of the rehabilitated women were employed either in sheltered workshops or as unpaid family workers in a board and care or family care setting. To evaluate the relative success of this outcome it should be recalled at this point that the average age of the female rehabilitant was 43 and they had spent an average of twenty years in one or more state institutions for the mentally retarded.

C. What was the Level of Functioning of the Students?

Considering the long period of hospitalization experienced by these students and the process of institutionalization wherein great dependencies are developed, the study sought to measure their level of functioning by selecting ten activities of daily living (app. p. A16).

The board and care home operator or ward personnel were asked whether or not the student usually performed these activities "independently, with reminding, or with supervision." Each of these items was scored for level of dependency. For example, if the student bathes independently, that item received three points; if with reminding, two points; if with supervision, only one point; if unable to perform the task, zero. Therefore, the total possible score was thirty and the lowest possible score was zero. (Although there were eleven items listed, two of these were alternates. "Has barber in the home" was used in those cases where "goes to barber shop" was an inappropriate question.) Each student received a total "independence score" which was the sum of the scores for each of ten items.

D. How do the Successful and Unsuccessful Students Compare in Their Levels of Functioning?

The total sample was distributed into two groups and a total average score assigned. As seen below, those closed successful received a higher average than those closed unsuccessful (app. p. A16).

Average "Independence Scores" of Students in Program by Outcome

	Vocationally Rehabilitated	Not Vocationally Rehabilitated
Average Total "Independence Score"	15.5	10.5

E. Was There a Sex Difference in Level of Functioning?

The men, whether closed as rehabilitated or not rehabilitated, had a higher level of independence then the women.

Average "Independence Scores" of Students by Outcome and Sex

	Vocationally Rehabilitated			Not Vocationally Rehabilitated		
	Total	Men	Women	Total	Men	Women
Average Total "Independence Score"	15.5	16.9	12.4	10.5	11.1	10.0

F. Was There a Difference in Level of Functioning Between the Unsuccessful Who Were Still Living in the Hospital and Those Living in the Community?

Even though not vocationally rehabilitated, those living in the community were functioning at a higher level than those in the hospital.

Average "Independence Score" of Students
Not Vocationally Rehabilitated by Residence and Sex

	Residing at Agnews		Residing in the Community	
	Men	Women	Men	Women
Average Total "Independence Score"	10.1	7.0	13.9	11.3

In summary, there is a consistent sex difference such that the men always have a higher "independence score" than the women. The rehabilitated men's average score was 16.9 while the average total for the women was 12.4. This sex difference is consistent among the three different groups. It appeared that all groups did best in those activities in which they were routinely trained in the program.

Therefore, in terms of level of functioning as measured by the ten selected items (app. p. A11), it was found that:

1. Those cases closed successful were functioning substantially higher or more independently than those closed unsuccessful.

2. The men, regardless of success, appeared to be functioning more independently than the women.

3. Among the non-rehabilitants, those who reside in the community were shown to be functioning at a higher level and were more independent than those still residing within the institution.

G. Has the Student Who was Closed as Not Vocationally Rehabilitated, Increased His Level of Functioning and Become Involved in Work to the Extent that He Should Now be Considered as Vocationally Rehabilitated?

During the time of the study, 3 cases closed as not rehabilitated were re-opened and closed as rehabilitated. One of these had increased his functioning to the level that he was making 90¢ an hour in a sheltered work setting. A second one had married, was doing homemaking duties in a one bedroom apartment for herself and husband. The third had increased his functioning to the point that he was able to do work tasks within the home to aid the operator as well as benefit other residents.

Four others had also increased in their functioning and became involved in work activities, to the extent that they could be re-evaluated to determine if they presently meet the criteria for successful rehabilitation. If determined to be rehabilitated, this would increase the number or rehabilitants in the study by 10% to a total of 74. On the other hand, 16 cases which were originally closed as rehabilitated are no longer involved in work though they are still successfully maintaining themselves in the community.

VII. IS THERE ANY INDICATION THAT STUDENTS WOULD BENEFIT VOCATIONALLY FROM ADDITIONAL SERVICES IF OFFERED BY THE DEPARTMENT?

To gather data relevant to this question, the employers of rehabilitants were asked, "Could more services have been provided by the Department of Rehabilitation?" In relation to 46 employed students, the employers felt that 31 did not need additional services, but that 15 could benefit from additional services.

These 15 responses showed no strong trend in the choice of a specific service or services which the employers felt the students still needed. In general terms, however, there was expressed an underlying need for some kind of continuing professional contact. It seemed the employers felt that once the case was closed successfully, the Department had totally lost contact with its ex-client and that neither the students nor the employer had a professional person to turn to in times of need. There was some interest in further training regarding grooming or transportation skills, but the underlying need seemed to be for a resource person to provide professional and psychological support, probably on an "on-call" basis.

A. What are the Mentally Retarded Employees' Liabilities?

The need for additional services is also illustrated indirectly in the response of employers to the question: "What are his liabilities?" Out of the 35 responses, six said "none." Another six respondents felt that one liability of the employee was that he needed supervision until he understood the task to be performed on the job. The following table lists the responses regarding perceived liabilities of student employees.

Employers' Responses Regarding Mentally Retarded Employees' Liabilities

LIABILITIES	TOTAL	MEN	WOMEN
TOTAL RESPONSES	35	27	8
None	6	5	1
Needs Supervision until He Understands the Task	6	5	1
Communication Problem	4	4	-
Needs a Lead Man to Follow	2	2	-
Bad Language	3	3	-
Unable to Follow a Routine	2	2	-
Talks too Much	2	2	-
Lacks Initiative	1	1	-
Anti-social	2	2	-
Stubborn	3	1	2
Inappropriate Dress	1	-	1
Ornery	1	-	1
Medical Problem	2	-	2

B. Employers' Responses Regarding Assets of the Rehabilitated Mentally Retarded:

Employers were also asked what they thought their employee's assets were. The employers were much more verbal in response to the question regarding the students' assets than they were in regard to the students' liabilities.

There was a total of 64 asset responses. Regarding liabilities, only 35 responses were elicited. Employers of the rehabilitated mentally retarded seemed most favorably impressed by the students' willingness to work, their cooperation, and their ability to follow a routine. The frequency with which employers responded and the responses given are shown below.

Employers' Responses Regarding Mentally Retarded Employees' Assets

ASSETS	TOTAL	MEN	WOMEN
TOTAL RESPONSES	64	51	13
Willing Worker	18	14	4
Cooperative	9	9	-
Ability to Follow a Routine	9	6	3
Dependable	7	6	1
Neat and Clean	6	5	1
Relates to People	6	4	2
Takes Pride in Work	3	3	-
Pleasant	4	3	1
Asks if He Doesn't Understand	2	1	1

VIII. IS THERE A "VERY IMPORTANT PERSON" INVOLVED WHERE SUCCESSFUL ADJUSTMENT TO COMMUNITY LIVING HAS BEEN ATTAINED?

Data pertaining to this question was obtained from rehabilitated and not rehabilitated students as well as board and care or family care home operators. The resident was asked two questions: "Who is your best friend?" and "When you are unhappy, who do you want to see?" The board and care or family care home operator was asked, "When the client is unhappy, who does he want to see?" To operationally define a "very important person" a person would have to be named in response to two of the above three questions.

Sixty-three rehabilitants were questioned. Approximately one-third mentioned the home operator two out of three times. An additional third mentioned another resident one out of three times. When it came to difficulties and problems, the home operator was chosen more often than the fellow resident. In response to the question regarding who the resident would want to see when he or she is unhappy, the home operator was chosen 19 times, while a fellow student was chosen only five times. Similar results were obtained for those students who were not vocationally rehabilitated but were residing in the community.

In summary, it appears that "a very important person" is involved where successful adjustment to community living has been attained. Furthermore, that person more often than not is the woman in charge of the family care or board and care home where the student resides in the community.

IX. RELATION OF SIZE AND COMPOSITION OF LIVING UNIT TO "SUCCESS" OR "FAILURE"?

Although no detailed and in-depth comparison was made between the successes and failures in terms of the size and composition of their living units, much data was uncovered during the interviewing and observations in the homes. For example, it was found that both successful and unsuccessful cases reside in family care and board and care homes; both those rehabilitated and those not rehabilitated live in homes of more than six residents and homes of six or less residents; rehabilitants and non-rehabilitants live in homes whose proprietors were either black or white; and successful and unsuccessful cases live in homes which had only mentally retarded or homes which had other disabilities in addition to the retarded. Therefore, there was no clear pattern wherein those rehabilitated lived in one type of home and those not rehabilitated in another (app. p. A17).

Success in community living did not even seem related to vocational success. For example, there were 36 clients closed "unsuccessfully" in terms of vocational rehabilitation standards; however, these 36 students are presently living in the community, in spite of the fact that they were not successfully employed at the time of case closure.

A. Attitude of Home Operators:

The home operators were asked, "If you had a vacancy and were able to select another resident, would you want one from Agnews?" The responses of the home operators reveal their attitudes toward the retarded in general and the students of the Agnews program in particular. Of the 73 responses, 72 were positive. When the home operators were further asked the reason behind their responses, they replied with such reasons as "they are well trained," "they care for themselves," "they are easier to manage," and in many ways showed that they appreciated the good adjustment and relative independence of these students. It also appeared from interviews and personal contacts that the home operators received substantial gratification in relationship to their nurturing roles as a "substitute parent." Although the home operators were more verbal in expressing favorable responses regarding the cases closed successfully, they did have many good things to say about the students closed as "not rehabilitated." This is further illustrated by the following table.

Community Home Operators Attitudes Toward Student Graduates of Agnews Program

RESPONSES	TOTAL	REHABILITATED	NOT REHABILITATED
Total Students Living in Community	103	67	36
Total Responses	72	52	20
Reasons for Wanting Another Agnews Resident			
I have vacancies and would like more . .	18	15	3
If I had a vacancy	4	1	3
I'm in business to care for retarded . .	4	4	0
If they are as good as this one.	8	5	3
They are well-trained.	9	7	2
They care for themselves	3	3	0
Good behavior.	3	3	0
Easier to manage	2	0	2
The family is interested	1	0	1
They are very nice	1	0	1
Easy to get along with	1	0	1
Well adjusted.	3	2	1
Independent and capable.	2	2	0
Awareness of family/community living . .	2	2	0
Appreciate what I do for them.	1	0	1
I enjoy them	1	1	0
Better trained then DeWitt or Porterville.	1	0	1
Not one from Napa or Mendocino	1	1	0
Agnews is local, I'm familiar with it. .	3	3	0

Therefore, it appears that the size and composition of the living units did not relate to successful community placement, nor did the vocational status of the student. What does seem of overriding importance in successful community placement is the personal relationship established between the board and care or family care operator and the student.

X. TO WHAT EXTENT DOES THE AVAILABILITY OF RECREATIONAL AND/OR SOCIAL OPPORTUNITIES AFFECT THE VOCATIONAL ADJUSTMENT OF THE STUDENT?

The parent or operator of the place of residence was asked, "What does the resident do in the evenings and weekends?"; and the student himself was asked, "What do you do for fun?" The responses from the places of residence and the students showed no significant difference. The 274 responses received from places of residence in relation to those rehabilitated as well as not rehabilitated are shown below (app. p. A18).

A. Most Students Watch T.V.:

The most popular utilization of leisure time was spent watching T.V. The other responses included such activities as going to the park, zoo, visiting friends in other homes, out for a drive, caring for pets, etc.

Recreational Activities of Students

TOTAL RESPONSES	274
Watch T.V.	65
Out for walks	29
Movies	23
Recreation Center	22
Go shopping	12
Listen to radio	12
Play checkers	5
Other, varied	106

B. Vocationally Successful More Involved in Recreation:

Those students vocationally rehabilitated were more involved in recreation than those not rehabilitated.

Number of Recreational Activities by Outcome

	REHABILITATED	NOT REHABILITATED
Total Number Activities	145	129

C. Men Consistently More Involved in Recreation:

Whether working or not working, the men were consistently more active in recreation activities than the women.

Recreational Activities by Outcome and Sex

	REHABILITATED		NOT REHABILITATED	
	Men	Women	Men	Women
Total Number Activities	109	36	78	51

XI. STUDENT ATTITUDES TOWARD IN-HOSPITAL PROGRAM

To assess how these moderately retarded adults felt about the program, they were asked, "What part of the Agnews Program did you like best?" They were also asked, "What part of the program at Agnews didn't you like?"

A. Part of Program Liked Best:

The students, having been in State hospitals for an average of almost 16 years, reflected this in their responses. The most frequent response by far (41%) showed an interest in working. This was double the response (21%) showing an interest in leisure activities. It should be noted that not all students in the total sample responded to this question. Responses about what they liked best are shown below and on app. p. A19.

Program Preferences of Students

TOTAL RESPONSES	102
Working	42
Leisure Activities	21
Community Activities	14
Classes	10
Friends	6
I don't want to go back	5
Other	4

Nine students responded they did not want to go back, it was so long ago they didn't remember being there, or denied ever being there. This indicates that even though 79 percent of the total population of the students are in the moderate range of retardation, they still make attempts at masking their disability. This supports the findings of Dr. Edgerton.*

*Edgerton, Robert; The Cloak of Competence, University of California Press Berkeley and Los Angeles, 1967.

B. Part of Program Liked Least:

When asked, "What part of the program at Agnews didn't you like?", 53 were too nervous or unable to respond. Only five responses were received from those students residing in the institution (not rehabilitated).

STUDENT RESPONSES TO QUESTION:
"What part of the program at Agnews didn't you like?"

	TOTAL REHABILITATED and NOT REHABILITATED	REHABILITATED	NOT REHABILITATED
TOTAL NUMBER STUDENTS	136	67	69
TOTAL RESPONSES	36	24	12
Rules and strict technicians	14	9	5
Too much noise, too many people	3	3	-
Don't know	6	4	2
It was okay, I don't want to go back	4	4	-
My doctor changed, I'm unhappy	1	-	1
Too much hard work	8	4	4
TOTAL RESPONSES NOT TABULATED			
Too nervous or unable to answer	53	23	30
Not appropriate	8	3	5
Non-verbal	8	4	4

It is interesting to note how many of the students were too nervous or unable to respond to the question at all. Did they feel that a negative response to this question would mean they would be returned to the institution? Although the rehabilitants were more verbal (twice as many responses as non-rehabilitants), they too had difficulty responding to this apparently anxiety provoking question. This again reflects their learning in the institution where negative comments are not elicited. In the follow-up study, even though an opportunity was provided to express feelings, it was very difficult to elicit responses to these particular questions.

Rules, strict technicians and too much hard work were the most frequently stated parts of the program at Agnews which the students did not like.

These findings regarding student attitudes suggest that more training in utilization of leisure time, orientation to the community and counseling about feelings and attitudes might be offered in the institutional setting.

XII. ARE THERE ANY FACTORS THAT BECOME AVAILABLE DURING SCREENING OR EXTENDED EVALUATION THAT SEEM TO BE GOOD PREDICTORS OF SUCCESS OR FAILURE?

The follow-up study addressed itself to this question in only a very indirect manner. In the table describing the sample (app. p. A15) and in the section describing who are the students in the follow-up study (Section IV, pp. 5-7) certain characteristics of students were described, such as sex, I.Q., previous lengths of hospitalization. The students who were vocationally rehabilitated had slightly different characteristics than those who were not rehabilitated; however, these characteristics were not measured during screening or extended evaluation, but could be considered to be present at intake.

To relate the outcome status to factors available during the screening and evaluation process would require a separate and additional study. Such a study would need to develop many additional factors not presently measured during screening and evaluation.

There are personality factors and factors of social independence which are observed by the intake counselors and screening personnel. These factors contribute to the overall clinical impression, but they are not systematically included in case records for later research follow-up. This follow-up study has developed a questionnaire (app. p. A11) which may be of some use during the screening process. Portions of this questionnaire can later be correlated with success or failure.

Other factors could also be considered, but these also would have to be measured and recorded during screening and evaluation for later follow-up. For example, the program should consider using the "Place of Residence Questionnaire" or other questionnaire during intake or sooner. It would provide assistance in developing an individualized vocational training plan.

In summary, administering this questionnaire at intake might begin the dialogue between the parents and the program. This follow-up study found that the dialogue between the parents and the program was extremely limited. Such a questionnaire could then be used in later follow-up studies to correlate this data with success or failure.

XIII. PARENTAL ATTITUDES TOWARD THE AGNEWS REHABILITATION PROGRAM

The attitudes of the students' families were sought in those cases where their son or daughter had moved out of the institution and into the community. Former students living in the community were both rehabilitated and not rehabilitated. Of the entire sample of 136, 33 of the cases closed unsuccessfully were still living in the hospital, therefore, their parents were not contacted. Among the 103 cases remaining, both rehabilitated and not rehabilitated who were living in the community, 16 no longer had a family and in 16 cases the family was unknown. In four cases the records were transferred so that the parents' address was unknown. Therefore, 67 families were available for follow-up.

Each of the 67 families was mailed a questionnaire by the Program Administrator (app. p. A13). The questionnaire asked the parents to respond to three specific questions. The three questions were:

1. "Do you think the Agnews Training Program was helpful in assisting your son or daughter to adjust to community living?"

2. "Would you recommend to another parent with a son or daughter in a similar circumstance that they consider the Agnews Training Program?"

3. "What would you suggest to improve the program?"

A. Which Parents Returned Questionnaires?

Of the 67 forms sent, 26 or 39% were returned. However, the return rate varied considerably among those rehabilitated versus those not rehabilitated. Of the 42 families of cases closed successfully, 20 or 48% returned the forms. Of the 25 families of cases closed unsuccessfully, 6 or 24% returned the forms. Therefore, while almost half of the parents of cases closed successfully did return the questionnaire, only one-fourth of the families of clients closed unsuccessfully returned the form. Thus, the results of this mail survey represent, to a predominate degree, the attitudes of families of cases closed successfully.

Response Rate for Parents Questionnaire

STATUS	FORMS SENT	FORMS RETURNED	PERCENT RETURNED
Rehabilitated	42	20	48%
Not Rehabilitated	25	6	24%
TOTAL:	67	26	39%

B. Did Parents Feel the Program was Helpful in Assisting Their Son/Daughter to Adjust to Community Living?

To the question, "Do you think the Agnews Training Program was helpful in assisting your son or daughter to adjust to community living?", all 26 responded. Of these 26 responses 24 or 92% were favorable and only 2 or 8% responded negatively. It is particularly interesting to note that all of the 6 forms returned from cases closed unsuccessfully responded favorably. This points up the difference between the Department of Rehabilitation and the Department of Mental Hygiene criteria of success. As noted previously, when referring to cases closed unsuccessfully, unsuccessful is defined in terms of vocational rehabilitation criteria, that is, the client was not working in the community. On the other hand, viewed from the perspective of the Department of Mental Hygiene, any case that leaves the institution can be considered a success. The responses of these 6 families seem to reinforce this feeling.

Parent Responses To "Do you think the Agnews Training Program was helpful in assisting your son or daughter to adjust to community living?"

Status	Total	"Yes"		"No"	
		No.	%	No.	%
Rehabilitated	20	18	90%	2	10%
Not Rehabilitated	6	6	100%	0	0%
TOTAL	26	24	92%	2	8%

C. Would the Parent Recommend the Program to Another Parent with a Son or Daughter in a Similar Circumstance?

In response to the second question, "Would you recommend to another parent with a son or daughter in a similar circumstance that they consider the Agnews training program?", all 26 respondents replied "Yes." Thus, regardless of success or failure in vocational rehabilitation terms, all families who returned the questionnaire felt that they would recommend that other parents in a similar situation consider the Agnews training program.

D. What were Parents' Areas of Concern Regarding the Agnews Program?

The responses to the third question, soliciting suggestions to improve the program, were categorized in terms of the area of concern. Four areas of concern predominated. These were medical, outside residence, employment, and training. Most of the comments were concerned about the client's outside residence situation. (See following table.)

Area Seen by Parents as Needing Improvement

Areas Needing Improvement	# of Comments
Medical	2
Outside Residence	7
Employment	3
Training	4
Other	5

In summary, a questionnaire containing three questions was mailed to 67 families of cases closed unsuccessfully or successfully from the Agnews training program. Twenty-six forms were returned. Twenty of these were from families of cases closed successfully. On the basis of this very short questionnaire, it may be inferred that the families of cases closed both successfully and unsuccessfully maintain positive attitudes toward the effectiveness of the program in helping their child adjust to community living. Although this mail survey did not obtain very much "hard data" to be used in the follow-up study, it did allow the families to participate and express their feelings toward the program. This indirect result of the family survey may have been more beneficial than the data obtained.

XIV. CONCLUSIONS AND CONSIDERATIONS:

The follow-up study points out needs for further services as well as needs for further study. The following points review conclusions noted in the study as well as areas considered to have implications for future planning:

1. Among those not rehabilitated, the women were much more likely to be residing in the community while men not rehabilitated more often remained in the hospital.

2. The average chronological age at closure of all 136 cases was 38 years. As a group those rehabilitated were on the average 5 years older than those not rehabilitated. Thus, age did not seem to hinder potential for rehabilitation. This should encourage other programs to consider retarded who are well over school age for vocational training services.

3. Long histories of institutionalization should not be over stressed as a negative factor in accepting clients for vocational rehabilitation services.

4. Adults of severe to moderate retardation have been found to have potential for vocational rehabilitation.

5. The success of older moderately retarded adults with long histories of institutionalization demonstrates a potential for continuing maturation. This has important implications for all retarded persons regarding special education.

6. The rehabilitation of mentally retarded adults who are institutionalized yields notable economic benefits. Furthermore, those placed in the community from the Agnews Residential Program, who do not meet the vocational criteria of rehabilitation still permit lower expenditures of public funds as a result of being maintained in the community.

7. Seventy-five percent of the rehabilitants contacted from six months to three years after closure were still involved in work activities. Men were found to be more independent and self-sufficient than women. This was true among both the vocationally rehabilitated and those considered not vocationally rehabilitated.

8. Seven students who were not vocationally rehabilitated have now increased their level of functioning and may be considered as vocationally rehabilitated. The study suggests that maturation and growth is a continuing process after community placement.

9. On the other hand, 16 cases who were vocationally rehabilitated have decreased their level of functioning. However, this group has continued to maintain their personal adjustment in the community. The fact that these students did not maintain all the skills needed to continue in work activities suggests a need for continued supportive professional services.

10. Employers of mentally retarded students from the Agnews Program exhibit positive attitudes toward the adequacy of a mentally retarded employee.

11. The most important asset from the employers' point of view is that the mentally retarded person is a willing worker. Despite the severity of handicap, employers do accept the retarded. Further, this study suggests that the retarded person succeeds because of his high level of motivation.

12. Both an acceptance and an awareness of limitations of retarded were shown by employers. This suggests that understanding of the retarded has begun and could be enhanced by a resource person available to employers--an underlying need expressed by them. Also, a natural outcome of such a service would be more job opportunities for the retarded and broader community education.

13. The personal relationship established between the board and care or family care home operator and student appears to be of prime importance in successful community adjustment.

14. The above may point out a need of volunteer services coordinated from a community based agency, to assist the operator in her multiplicity of roles and to provide the retarded person with enlargement of friendship outside the home.

15. The mentally retarded who are vocationally successful are more involved in recreation and socializing than those who are not vocationally rehabilitated.

16. Except for a small number of students attending recreation centers, most students engaged in individualized non-structured recreational activities, such as watching T.V. This may confirm the need for organized recreational activities in the community for the mentally retarded.

17. The study suggests that more training in utilization of leisure time, orientation to the community, and counseling about feelings and attitudes might be offered in the Agnews Training Program.

18. Successful completion of a vocational rehabilitation training program for mentally retarded adults was more often associated with older age, higher IQ levels, longer prior hospitalization, and being a male.

19. In order to predict success or failure in a vocational rehabilitation training program, it would seem a follow-up study would have to be structured to obtain data at the time of screening. This data could then be compared with data obtained at the time the person is considered vocationally rehabilitated. Ideally a control group should also be established. It is recommended that such a study receive serious consideration.

COOPERATIVE RESIDENTIAL TRAINING PROGRAM FOR THE MENTALLY RETARDED AT AGNEWS STATE HOSPITAL

I. ADMISSION CRITERIA AND PROCEDURE

Potential students must meet the requirements for entry to a State Hospital for the Mentally Retarded.

The procedure for admission to the Cooperative Program for the Mentally Retarded at Agnews State Hospital is outlined below:

1. Application must be made for admission to a State Hospital for the Mentally Retarded.

2. Referral is then made to the screening team serving the Cooperative Program at Agnews. The referral may be initiated by (a) a State Hospital for the Mentally Retarded, (b) community agencies or (c) parents.

3. An appointment is then made for the screening team to interview both the candidate and his/her parents. The screening team consists of one member of each of the following disciplines: Social Service, Vocational Rehabilitation Counseling, Psychology, Medicine, Nursing Services.

4. The interview will take about 45 minutes and is followed by a brief tour of facilities. The purpose of the interview is to determine if the candidate meets the criteria for admission to the Cooperative Program for the Mentally Retarded.

   The criteria are:

   a. Fourteen years of age or older (it is difficult to obtain vocational placement in the community for mentally retarded individuals under 18 years of age. Therefore, to pervent long term hospitalization prior to community vocational placement we prefer students be at least 16 years of age).

   b. Most self-care skills intact.

   c. No medical or psychiatric problems that would present a barrier to total involvement in the vocational training program.

   d. Parental consent for placement in the community.

   e. Potential for vocational training.

5. Usually within one week following the screening interview, the appropriate agencies are notified of the team's decision.

6. The community agency will coordinate the actual admission to Agnews State Hospital.

II. SPECIFIC ROLES OF TEAM MEMBERS IN THE HOSPITAL

Vocational Rehabilitation Counselor - as a member of the program screening team, the Vocational Rehabilitation Counselor is responsible for determining the feasibility and eligibility for a prospective student's involvement in the residential evaluation program. During the student's evaluation and training period, the counselor is the chairman of the inter-disciplinary team in all vocational aspects of the rehabilitation program. The responsibility for medical care of the student resides with the team physician. If outside consultation services are needed, such as psychiatric, orthopedic, dental, speech and hearing, the counselor provides these services by referral to specialists on the Department of Rehabilitation Panel. When major decisions pertaining to the student's training program are required, the Rehabilitation Counselor relies heavily upon the evaluations and opinions of the various team members involved; parents or responsible relatives are consulted when practical.

In addition to regular staff members, the Rehabilitation Counselor employs part-time tutors to provide special training in areas such as money handling, sewing, and ward aide training. When the student has progressed to the extent that he is ready for vocational training and/or job placement in the community, the counselor assists him with his adjustment toward his vocational goal.

Ward Physician - is Co-chairman of the team with the Vocational Rehabilitation Counselor. He has medical responsibility for the students. He relates to the team current medical problems and any physical or mental limitations that might interfere with student training.

The Social Worker - is the prime liaison between the program for the Mentally Retarded and the family. The Social Worker helps the family to understand and accept the fact that the student has a capacity for growth as well as coping with the thought of the student's impending community living. The Social Worker also acts in a liaison capacity coordinating residential, work, and associated community resources facilitating the student's maintenance in the community. As a member of the team he presents and clarifies any family data or crisis situation that might interfere with a student's successful adjustment to the residential training program or community placement.

The Industrial Therapist - assigns the student to work in hospital industries which will provide evaluation and skill training. The previous work history, personal interviews and reports are evaluated to determine the job assignments that will provide the best supervision and training within the physical and mental limitations of the student. The rehabilitation goal is determined by the performance of the student in a variety of job experiences. The Industrial Therapist is the liaison between the work supervisor and the team.

The Music Therapist - acts as a consultant to provide music programs which will benefit the students. Direct services are provided in the form of groups for students who seem to respond in a music setting. Music is used as a tool

for developing socialization, motivation, language, motor coordination and sensory perception through such groups as Glee Club, Rhythm Band, Music Listening Groups and Rhythmic Movement.

The Supervising Group Leader - is in the classification of Senior Psychiatric Technician, Grade II, and is assigned to each team to help plan, implement, coordinate and supervise a 16-hour day rehabilitation training plan for each resident student.

An Occupational Therapist - is assigned to each team and is responsible as a resource person for direct and indirect services. A Prevocational Evaluation is given each student focusing on work skills, habits, performance and potential. Sensory motor functioning, psycho-social factors and physical limitations are evaluated as they directly relate to a student's vocational potential.

Indirect services are provided by program planning and development in working with the Supervising Group Leaders and ward staff. Direct services are provided in therapy groups and special inter-ward training programs.

The Psychologist - provides consultation to staff in the initiation, development and evaluation of programs for the students. Direct services to students include evaluations based on standardized psychological tests and personal observations as well as individual and group therapy. Treatment modalities vary to best meet the individual's needs.

Special Education Teacher - functions as an education consultant in the following manner: trains group leaders in the evaluation process, outlines sequential training programs, furnishes supplies and equipment, illustrates methods and techniques of training, furnishes formal scheduled in-service training for group leaders, functions as an integral part of the team, and offers suggestions for new training programs and techniques as a result of exploration. In addition to consultant services, direct services in the academic areas are provided for a select group of students.

Recreation Therapist - is responsible for training programs designed to enhance the motor sensory functioning of students as well as providing them with community orientation and familiarization with community recreation facilities. In addition, the Recreation Therapist conducts special programs such as day camp, swimming events, bowling and exposure to spectator sports.

Ward Charge - a Senior Psychiatric Technician, Grade II, has a 24-hour per day responsibility for implementing and coordinating, at ward level, the rehabilitation plan for each student. This is a supervisory position focusing on all areas of ward management and interpersonal relationships. He is also expected to provide an attractive and a "home-like" environment as is possible in an institutional setting.

Group Leader - is a Senior Psychiatric Technician, Grade I, or a Psychiatric Technician who may be assigned on a ward or in a special training program. This employee has the greatest individual student contact and is responsible for basic training skills with the student as described in brief outline of available programs. The Psychiatric Technician reports on a regular basis to the team the progress each student is making. With these recommendations, further planning for each student is implemented.

Workshop Evaluator and Training Officer - serves as liaison between workshop staff and the team to assist with the determination of readiness of a student for referral to the Agnews Sheltered Workshop. He coordinates training appropriate to individual student needs, and provides a composite evaluation by workshop staff of student job performance based on quantity and quality of work, attitude, and acceptance of responsibility for self and for work performance.

III. SYNOPSIS OF TRAINING AVAILABLE IN THE PROGRAM

Self-Care - includes proper hygiene development or skill (bathing, shaving, use of appropriate cosmetics, etc.). Meal time behavior is also stressed. The goal of this training is to first teach the student how to perform the activity, then to comprehend the need and perform independently with self-direction.

Home Living Skills - students learn tasks designed to make them more self-sufficient. Included are housekeeping tasks, such as making beds, sweeping, caring for own personal belongings (washing, mending, ironing of clothes, etc.) and other related activities that are usually performed in and around an independent or sheltered living situation.

Speech Therapy - consulting speech therapist with staff members providing follow-up. Therapy training is geared to meet the individual problems; the most prevalent of which are in the areas of articulation, apraxic conditions, etc.

Special Education - the areas of training with which special education is primarily concerned are: (1) basic number concept as they pertain to telling of time and handling of money, (2) language development for purpose of increasing receptive vocabulary, listening skills, and expressive language for the extension of vocabulary and language for acceptable community usage, (3) the teaching of reading skills is dependent on the intellectual functioning of the student - this can range from enhancing comprehensive reading to that of reading for minimal community survival and (4) the extent of enhanced writing skills ranges from elementary composition to that of merely printing ones name.

Juvenile Education - for select students who are capable of functioning on a higher cognitive level and can benefit from a more formal environment.

Leisure Time Training - provides exposure to a variety of activities such as arts and crafts, table games, model construction, etc. Hopefully the student will become sufficiently interested in one or more activities which will provide him with constructive means of occupying his leisure time once he is placed in the community.

Training Dance - held weekly using primarily records. Participants are learning how to dance and also included in this training are social skills such as how to ask a girl to dance, how to conduct oneself at a social affair and appropriate personal hygiene.

Educational Movie - 16 mm films shown weekly to aid in the development of students. Topics vary and are followed by discussions of the material presented in the films.

Socialization Dance - held weekly with music provided by records and a band furnished by the Musician's Union on alternate weeks. This activity is used as a reward for acceptable behavior and to increase social awareness. Participants in this activity are functioning at a relatively high level.

Recreation Movie - 35 mm films shown weekly for the entertainment of the students. Preparation for this activity is stressed (appropriate clothing, hygiene, etc.). Also used as a reward for acceptable behavior.

Drop-In Center - on Saturday and Sunday from 1:30 p.m. to 4:00 p.m. a social activity is provided for ground privileged students. This program provides table games, recreation activities, musical activities and social interaction.

Spiritual Guidance - both Protestant and Catholic services are held each Sunday. A Rabbi visits and conducts services on a regular schedule. In addition, both Protestant and Catholic instructions are offered weekly. These are held by volunteers with assistance from the appropriate chaplain.

Group Therapy - members of the professional staff conduct discussion groups exploring interpersonal relationships, desirable behavior, and individual problems. The participants are those students having particular problems of adjustment, poor self-concept, lack of motivation for work, etc. Various treatment modalities are utilized.

Behavior Modification - individual plans formulated by staff are designed to alter maladaptive behavior using a structured system of rewards.

Sewing - for students who would benefit from prevocational training (work adjustment and skills) in sewing. This training enhances independence of students living in boarding homes and prepares students for possible further vocational training in the community.

Industrial Therapy - evaluation, training (including OJT training), work experience, and adjustment on the basis of individual student needs in established industrial areas within the hospital is offered in this program. The areas included are: Canteen, Food Service, Laundry, other Service and Supply areas, Division I Medical Surgical Ward, Medical Therapy (clinics, labs and offices), Supportive areas, Business Support areas, Garage and Trucks, Maintenance, and Grounds.

Ward Aid Training - for those students who have vocational objectives such as competitive employment, which includes either independent or sheltered living and home-bound employment in which the student is able to perform tasks at a near competitive level with moderate supervision and/or assistance. Work tasks and techniques stimulate those required for employment in community nursing homes.

Yard Care - training for the job tasks of "yard man." Includes such tasks as: mowing lawns, raking leaves, pruning, transplanting, keeping yards free of debris, operation of power mowers, etc. At the lowest level of vocational placement, the individual would be contributing to his environment. At the highest level he would work for monetary gain.

Janitorial Skill Training - Participants learn to provide multi-task services including safety practices and care of equipment and supplies. At the highest level the participant is learning to function as a crew worker simulating an industrial shell crew. The lowest level is learning simple cleaning tasks and work habits that will aid him in contributing to his environment.

Bag Lunch - students participate in this program while attending community or Agnews State Hospital workshops on a full-time basis. They learn to plan five lunches per week, utilize community stores for grocery shopping and prepare their own bag lunch for the noon meal on the job.

Savings Club - teaches the students to budget, save money earned, and provides participants exposure to banking procedures.

Community Training - this program is designed to train students in the use of community facilities including appropriate behavior, etiquette and dress for the occasions. Some of the areas of concern are:

1. Communications (use of telephone, what to do in emergencies, appropriate conversation, etc.).
2. Orientation to community helpers and services (fire and police stations, post offices, church, etc.).
3. Shopping facilities (restaurants, care and purchasing of clothing, etc.).
4. Recreational facilities (movies, zoos, bowling, etc.).
5. Transportation media (bus service and schedules, taxies, etc.).

V. QUESTIONNAIRES:

(A) CLIENT QUESTIONNAIRE

NAME OF CLIENT: _____

1. What do you do for fun? [Do not read list.]

_____ go to movies
_____ go to recreation center
_____ visit friends in other homes
_____ do laundry
_____ watch TV
_____ go home to relatives
_____ not much
_____ sleep
other: _____
_____

2. Who is your best friend? _____ (relationship) _____

3. Do you work? _____ yes
_____ no (go to #6)
_____ sometimes
Where? _____

4. What do you do at work? _____
_____

5. Do you save money? _____ yes
_____ no

6. When you are unhappy, who do you want to see? [Do not read list.]

_____ board and care operator
_____ other resident in the home
_____ family member
_____ social worker
_____ rehabilitation counselor
other: _____
_____

7. Do you see your family? _____ yes
_____ no
When? [Read choices.]
_____ vacation
_____ Christmas
_____ birthday
_____ Easter
other: _____
_____

8. Do you like where you live? _____ yes
_____ no
Why? _____
_____
_____

9. Do you use a bus? _____ yes
_____ no

10. What part of the program at Agnews did you like best? _____

_____

_____

11. What part of the program at Agnews didn't you like? _____

_____

_____

Time started _____ Time finished _____ Elapsed time _____

RCM:pmf
2-24-70

(B) EMPLOYMENT QUESTIONNAIRE

NAME OF CLIENT _____

1. Does the employee usually start work on time at his (her) work station?

   _____ Yes
   _____ No
   _____ Usually

2. How many hours a day does the employee work? _____

3. How often does he (she) miss work?
   _____ Never
   _____ Once a week
   _____ Month

   Why? [Do not read list]
   _____ Medical Appointments
   _____ Fatigue
   _____ Illness
   Other _____

4. Following breaks, does he (she) usually return to his work station on time?

   _____ Yes
   _____ No

5. In terms of amount of work, how does his (her) work compare to others? [Read choices]
   (If respondent equivocates, ask, "on the average".)

   _____ Below standard
   _____ Standard
   _____ Above standard

6. How is the quality of his (her) work? [Read choices]
   _____ Below standard
   _____ Standard
   _____ Above standard

7. Does he (she) usually need more supervision than other employees?
   _____ Yes
   _____ No

8. Does he (she) usually get along with co-workers?
   _____ Yes
   _____ No

9. What are his (her) assets? _____

   _____

10. What are his (her) liabilities? _____

_____

11. What is his (her) [read list]
_____ hourly wage
_____ weekly wage
_____ monthly wage
_____ unpaid family worker

12. Could more services have been provided by the Department of Rehabilitation or agencies?
_____ Yes
_____ No

What services? _____

_____

_____.

TIME STARTED _____ TIME FINISHED _____ TIME ELAPSED _____

/jjl - 2/1970

(C) QUESTIONNAIRE FOR PLACE OF RESIDENCE

NAME OF RESIDENT_____

1. Is your home a ____ board and care facility? ____ family care home? ____ other?

2. Do you serve disabilities other than mentally retarded? ____ Yes ____ No

3. How many residents?_____.

4. Does the resident usually do these activities? [read the list, score each activity 1,2 or 3 according to the degree of independence]

3. independently
2. with reminding
1. needs supervision

____ bathe
____ shave/set hair
____ shampoo hair
____ change clothes
____ makes bed

____ goes to beauty shop/barber shop
____ have barber in the home
____ helps with dishes
____ cleans his own room
____ handles own money
____ has own savings account

5. Does the resident usually get up without being called by you in the morning? ____Yes ____No

6. Does the resident work? ____ Yes ____ No Where? _____.

What hours?_____, How long has the resident been working?_____.

7. Does the resident go to work? ____ alone ____ with others Does he/she take the ____bus? ____ walk? Other_____ _____

8. What does the resident do in the evenings and on weekends? [check, do not read the list]

____ goes to movies
____ goes to visit friends in other homes
____ volleyball
____ basketball
____ attends church
____ attends recreation center
____ checkers
____ chess
____ goes to visit relatives
____ watches TV
Other _____
_____
_____

9. Does the resident present any problems for you or other residents regarding his/her sexual behavior? ____Yes ____No In what ways?_____
_____.

10. When the resident is unhappy, who does he/she want to see? [check, do not read the list]

____ board and care operator
____ other resident in the home
____ family member
____ social worker
____ rehabilitation counselor
Other_____

11. Where does the resident's family live?_____

12. Regarding the family's relationship toward you, does the family? [check, do not read the list]

____ have no contact
____ have contact
____ visit the resident but otherwise leave the care to you
____ discuss his behavior and take part in planning for him
____ provide assistance in their part of the plan

13. What professional person calls or visits the resident? [check, do not read the list]

____ social worker
____ medical doctor
____ rehabilitation counselor
Other_____

14. How much is the resident's monthly [read the list] $_____ ATD Grant?
$_____ Social Security?
$_____ other resources?

15. If you had a vacancy and were able to select another mentally retarded resident, would you select one from the Agnews Program? ____Yes Why?_____
____No
_____.

16. Were you involved in the placement planning prior to the prospective resident coming to your home? ____ Yes
____ No

17. Did you have adequate information about the resident before the time of placement?

____ Yes
____ No

What would you have liked to have been informed about? _____

_____

_____

Time started _____ Time finished _____ Time elapsed _____

RM/gs
2/24/70

D) QUESTIONNAIRE MAILED TO PARENTS

A13

STATE OF CALIFORNIA—HUMAN RELATIONS AGENCY

RONALD REAGAN, Governor

DEPARTMENT OF REHABILITATION
Program for the Mentally Retarded
Agnews State Hospital
San Jose, California 95114

Dear RE:

The Department of Mental Hygiene-Department of Rehabilitation Vocational Training Program for the Mentally Retarded at Agnews State Hospital is conducting a study to determine the success of the young men and women it has helped place in the community. We are trying to determine their degree of success and if there are other ways in which we could have served them better or can presently provide assistance. We are especially interested in the attitudes and opinions of the parents of these young men and women so that we can determine in what ways we can strengthen our program. We would very much appreciate your comments in response to the following questions. We have provided a self-addressed, stamped envelope for your convenience in returning this questionnaire.

Thank you very much for your assistance.

Sincerely,

Ted Cutting
Program Administrator

1. Do you think the Agnews Training Program was helpful in assisting your son or daughter to adjust to community living?

   YES _____ NO _____

2. Would you recommend to another parent with a son or daughter in a similar circumstance that they consider the Agnews Training Program?

   YES _____ NO _____

3. What would you suggest to improve the program?

IV. COUNTY OF RESIDENCE A14

COUNTY OF RESIDENCE OF COMMUNITY PLACEMENTS
JULY 1967 THROUGH SEPTEMBER 1969

COUNTY	TOTAL PLACED	REHABILITATED	NOT REHABILITATED
Alameda	14	10	4
Butte	2	2	0
Fresno	3	1	2
Los Angeles	6	2	4
Merced	1	1	0
Monterey	1	0	1
Orange	1	0	1
Sacramento	4	2	2
San Diego	1	1	0
San Francisco	14	8	6
San Mateo	4	3	1
San Luis Obispo	1	1	0
Santa Barbara	1	0	1
Santa Clara	42	31	11
Santa Cruz	2	1	1
Solano	1	1	0
Sonoma	3	3	0
Tulare	2	0	2
	103*	67	36

*Total Sample equals 136, 33 of whom are residing in State Hospital

VI. DESCRIPTION OF SAMPLE

DEPARTMENT OF REHABILITATION

Residential Rehabilitation Training Program for the Mentally Retarded at Agnews State Hospital

Description of Sample

CHARACTERISTICS	Cases Closed from 7-1-67 thru 9-30-69												
	Grand Total	Rehabilitated			Not Rehabilitated								
					All			Community			Agnews		
		Total	M	F	Total	M	F	Total	M	F	Total	M	F
Total	136	67	48	19	69	42	27	36	18	18	33	24	9
Average Chronological Age at Closure	38.0	40.5	39.4	43.1	35.5	31.8	40.8	42.8	40.8	44.5	28.5	26.5	33.6
Average Years in Previous Hospital	15.9	18.0	17.3	19.5	13.9	13.2	14.8	17.1	19.6	15.2	10.8	9.5	13.9
Average Years in Co-operative Program	2.3	2.3	2.4	2.1	2.8	2.8	2.3	2.2	2.1	2.3	2.5	2.5	2.4
Average IQ	42	46	44	49	39	41	36	38	43	34	43	43	43
Race:													
Black	5	4	4	0	1	0	1	0	0	0	1	0	1
White	118	56	37	19	62	37	25	31	14	17	31	23	8
Other	5	3	3	0	2	1	1	1	0	1	1	1	0
Records Unavailable	8	4	4	0	4	4	0	4	4	0	0	0	0

VII. LEVEL OF FUNCTIONING: Average "Independence Scores" of Students by Outcome and Sex

SELECTED ACTIVITIES OF DAILY LIVING	REHABILITATED and NOT REHABILITATED	REHABILITATED			NOT REHABILITATED			NOT REHABILITATED			
								COMMUNITY		AGNEWS	
		All	Men	Women	All	Men	Women	Men	Women	Men	Women
TOTAL - (AVERAGES)	13.0	15.5	16.9	12.4	10.5	11.1	10.0	13.9	11.3	10.1	7.0
MAKE BED	2.2	2.4	2.4	2.1	2.1	1.9	2.2	1.9	2.1	2.0	2.2
BATHING	1.9	2.1	2.3	1.7	1.7	1.4	1.9	1.9	2.1	1.4	1.4
CHANGING CLOTHES	2.0	2.1	2.2	1.7	1.9	1.9	1.9	1.8	2.0	2.0	1.6
SHAVING/HAIR SET	1.3	1.7	2.2	.7	.8	1.4	.3	1.9	.4	1.2	.0
SHAMPOO HAIR	1.2	1.6	2.0	.8	.9	1.0	.7	1.6	1.1	.8	.0
CLEAN OWN ROOM/AREA	1.6	1.7	1.6	2.0	1.5	1.4	1.6	1.4	1.7	1.4	1.1
GO TO BARBER/BEAUTY SHOP*	.9	1.3	1.6	.8	.6	.7	.4	1.4	.5	.3	.2
HANDLE OWN MONEY	.7	1.0	1.1	.7	.3	.6	.3	.5	.4	.7	.2
HELP WITH DISHES	.7	.9	.7	1.4	.4	.5	.4	1.3	.6	.0	.0
HAVE SAVINGS ACCOUNT	.4	.5	.6	.4	.2	.2	.3	.1	.3	.2	.3
HAVE BARBER/BEAUTY SHOP IN HOME*	.1	.2	.2	.1	.1	.1	.0	.1	.1	.1	.0

*Alternative Items

VIII. CLASSIFICATION OF COMMUNITY RESIDENCES

Classification of Community Residences

Type of Residences	Number of Residences	Number of Clients	
		Rehabilitated	Not Rehabilitated
TOTALS	64	67	36
TYPE OF RESIDENCES:			
Board care home	41	58	22
Family care home	9	4	5
Own family	7	2	5
Convalescent home	4	0	4
Live adjacent to work	3	3	0

Description of Community Residences

Total Residences*	53
SIZE:	
More than 6 Residents	34
1 to 6 Residents	19
Total	53
RACE OF PROPRIETOR:	
White	26
Black	26
Other	1
Total	53
SERVE MENTALLY RETARDED OR OTHER:	
Only Mentally Retarded	33
Mentally Retarded and Other Disabilities	20
Total	53

*Excluding own families and convalescent homes

IX. RECREATION AND SOCIAL ACTIVITIES

Activities	All	Rehabilitated			Not Rehabilitated		
		Total	Male	Female	Total	Male	Female
Total Students in Study	136	67	48	19	69	36	33
Total Responses	274	145	109	36	129	78	51
Watch Television	65	36	23	13	29	19	10
Out for walks	29	14	12	2	15	6	9
Movies	23	13	10	3	10	6	4
Recreation Center	22	14	13	1	8	8	0
Go Shopping	12	7	5	2	5	5	0
Listen to Radio	12	6	5	1	6	4	2
Play Checkers	5	2	2	0	3	3	0
Other, varied	106	53	39	14	53	27	26

X. STUDENT: WHAT PART OF THE PROGRAM AT AGNEWS DID YOU LIKE BEST?

	All	Vocationally Rehabilitated			Not Vocationally Rehabilitated				
						Community		Agnews	
		Total	Men	Women	Total	Men	Women	Men	Women
Total Number Students	136	67	48	19	69	18	18	24	9
Total Responses*	102	67	47	20	35	11	9	8	7
Working:	42								
....Mopping Floors	6	5	4	1	1				1
....Dining Room	10	5	2	3	5	3	1		1
....Canteen	2	1		1	1				1
....Trucks	3	2	2		1	1			
....Laundry	2	2		2					
....Physical Therapy	1	1	1						
....Workshop	4	3	3		1		1		
....Ward Aide Training	3	2	2		1		1		
....Working	11	5	3	2	6			3	3
Classes:	10								
....Cooking	1	1		1					
....Exercises	3	3	3						
....Leisure Activities	1	1	1						
....Counting Money	1				1		1		
....In a regular room	4	3	3		1		1		
Community Activities:	14								
....Trips and Theater, Ballgames	3	2	1	1	1			1	
....Going to Town	3	2	1	1	1	1			
....Bowling	2				2	1	1		
....Taking the Bus	6	2	2		4	2		2	
Leisure Activities:	21								
....Church	6	2	1	1	4		2	2	
....Music, Singing, Dances	6	5	5		1	1			
....Movies	2				2	2			
....T.V.	3	3	3						
....Playing Records	1	1	1						
....Basketball, Baseball Games	3	3	3						
Other:	15								
....I don't want to go back	5	5	3	2					
....Technicians, they are my friends	6	4	1	3	2		1		1
....It was so long ago, I don't remember	3	3	2	1					
....I was never there	1	1		1					

*Since some students did not respond and some gave more than one response, totals will not equal number of students.